

Acupuncture Treatment for Spontaneous Polyhidrosis

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Objective: To compare the therapeutic effects of acupuncture and western medicine on spontaneous polyhidrosis. **Methods:** Acupuncture at Huatuojiagi points was used to treat 30 cases of spontaneous polyhidrosis and the western medicine was used to treat 26 cases for comparison. **Results:** The total effective rate of the former was 96.7% and that of the latter 57.7%. The difference in therapeutic effect between the two groups was significant ($P < 0.01$). **Conclusion:** The therapeutic effect of acupuncture at Huatuojiagi points on spontaneous polyhidrosis was better than that of western medicine.

Key words: Spontaneous polyhidrosis; acupuncture therapy; needling at Huatuojiagi points

Spontaneous polyhidrosis refers to an abnormal condition manifested as unilateral, bilateral or local and symmetrical sweating due to functional disorder of autonomic nerves and hyperfunction of sweat glands. It is the worse for stress, excitation, being heated, or taking irritative food. The authors treated the disorder with acupuncture at Huatuojiagi points and achieved a satisfactory effect. The report is as follows.

CLINICAL DATA

General data

All the 56 cases observed were in- or out-patients of the authors' hospital. They were randomized into the acupuncture group and the control group according to the order of the first visit. Of the 30 cases in acupuncture group, 22 were males and 8 females, ranging in age from 42 to 72 years with an average of 61 years, and ranging in the course of disease from 1 month to 5 years. Of the 26 cases in control group, 19 were males and 7 females, ranging in age from 36 to 75 years with an average of 57 years, and ranging in the course of disease from 2 weeks to 4 years. There were no significant differences in sex, age and course of disease between the two groups (t -test $P > 0.05$), indicating that the two groups were comparable.

Criteria for diagnosis

Diagnosis was made according to *Practical Neurology in Integrated Chinese and Western Medicine*.¹ The polyhidrosis due to tuberculosis, hyperthyroidosis, diabetes and hysteria was excluded from this series.

THERAPEUTIC METHODS

Acupuncture group

Bilateral Huatuojiagi points (EX-B2) were punctured perpendicularly to 0.5–1 *cun* deep one by one from top to bottom and with the alternation of left and right. Uniform reinforcement-reduction by twirling the needle was performed and the needles were retained for 30 min. The treatment was given once daily.

Control group

Estazolam was given orally in a dose of 1 mg, three times a day. Ten days' treatment constituted a course of treatment, with an interval of one day between two courses. The effects were estimated after 3 courses of treatment.

Criteria for therapeutic effects

Cured: Complete disappearance of abnormal sweating, the follow-up after half a year found no relapse. Improved: Alleviation of abnormal sweating in amount and frequency. Failed: No improvement or

with aggravation after treatment.

RESULTS

Of the 30 cases treated in the acupuncture group, 22 cases were cured, 7 cases improved, and 1 case failed, the total effective rate was 96.7%. Of the 26 cases treated in the control group, 6 cases were cured, 9 cases improved, and 11 case failed, the total effective rate was 57.7%. There was a very significant difference in total effective effect between the two groups ($P<0.01$).

TYPICAL CASE

A male patient, a retired cadre, aged 62 years, paid his first visit on April 21, 2004. He complained of abnormal sweating on the left side of the body for 2 years, which was aggravated in the recent 1 month. Paroxysmal hemihyperidrosis was found on the left side, including the face, head, trunk and limbs, and the skin temperature on the left side was slightly lower than that on the right side. Neurological examination showed existence of physiological reflexes, with no pathological reflexes and no abnormality in the sensory system. The cranial CT, thyroid functions and blood sugar value were normal. He was diagnosed as having spontaneous polyhidrosis. Acupuncture at Huatuojiagi points was applied once and the symptom was obviously alleviated the next day. His unilateral sweating occurred not more than one time a day after one course of treatment, and it appeared only occasionally and slightly after 2 courses of treatment. No abnormal sweating occurred after 3 courses of treatment, and no relapse was found during a follow-up period of half a year. He was taken as clinically cured.

DISCUSSION

Spontaneous polyhidrosis is manifested as abnormal

sweating, of which the hemipolyhidrosis is mostly encountered. According to TCM, it pertains to sweating syndrome. In terms of pathogenesis, it is caused by imbalance of *yin* and *yang*, disharmony between *ying* (construction system) and *wei* (defence system), and disturbance of opening and closing of striae of the skin and muscles, leading to leak of sweat. The Governor Meridian is the location where all the *yang* meridians converge, and puncturing along the Governor Meridian one by one from top to bottom and with the alternation of left and right can exert the effect of regulating *yin-qi* and *yang-qi* in the meridians and can also exert effect of regulating *qi* and blood of *zangfu* organs to harmonize *yin* and *yang* instead of using the Back-shu points. Based on the theory in TCM, good health and normal neurological functions depend on balance of *yin* and *yang*, acupuncture at Huatuojiagi points (EX-B2) keeps *yin* and *yang* in balance, thus stopping the abnormal sweating.

According to modern medicine, abnormal sweating is related to functional disorder of autonomic nerves, which is mostly induced by abnormal excitability of sympathetic nerves. Since sympathetic nerves are distributed in the thoracic and lumbar segments of the spinal cord, needling Huatuojiagi points may regulate the function of autonomic nerves by altering the excitability of sympathetic nerves, resulting in curing abnormal sweating. The mechanism of acupuncture for treating abnormal sweating remains to be further studied.

REFERENCES

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